



**HEARING IMPAIRED SPECIAL EDUCATION ENDORSEMENT (HI)**  
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 58895 (07-2008)

Social Security Number	Date of Birth	ND Teaching License Number		
Work Telephone Number		Email Address		
Home Telephone Number		M.I.		
Last Name	First Name	M.I.	Maiden Name	
Mailing Address		City	State	Zip (9 digit)

**Prerequisite:** Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary education.  
**Re-education Plan:** None  
**Endorsement Request and Verification:** Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts.  
**Fees:** If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at normal license renewal time.  
**Timeline:** All requirements must be met before adding this endorsement to your license. The addition of this endorsement does not change your regular license renewal date.

**Hearing Impaired Program of Study**

32 SH at the undergraduate or graduate level from an approved teacher education program verified with official transcripts.

Coursework	Completed (SH)	Needed (SH)
Theory/methods of teaching speech to hearing impaired children (including deafness) 4 SH		
Theory/methods of teaching language to hearing impaired children (including deafness) 4 SH		
Methods/teaching reading & academic subjects/hearing impaired children (inc. deafness) 4 SH		
Sign language 2 SH		
History, guidance, and education of the hearing impaired (including deafness) 2 SH		
Auditory and speech mechanisms 2 SH		
Auditory assessment and training 2 SH		
Child growth and development 2 SH		
Psychology or education of exceptional children 2 SH		
	<b>Total SH</b>	<b>Total SH</b>
Observation and practicum 8 SH		

Signature of Applicant	Date
ESPB Review	Date
Executive Director, ESPB	Date
License Code <b>19020</b>	Type of Equivalency <b>23</b>
Level of Preparation <b>07</b>	

**Submit completed form and \$75 fee to:** Education Standards and Practices Board  
 2718 Gateway Ave, Suite 303, Bismarck ND 58503-0585  
 (701) 328-9641 office  
 (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



## Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card